

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9-11-02

• RM-10570
 Cumulus Media L.L.C.
 Licensee of Station WLW-FM
 330 East Kilbourn Avenue
 Suite 250
 Milwaukee, WI 53202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ NO

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

0023

3464

DOCKET NO. RM-10570

CERTIFIED
RECEIVED & INSPECTED
MAIL
RETURN
RECEIPT
REQUESTED

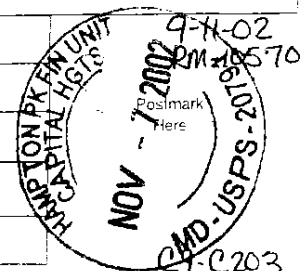
NAME: Cumulus Media L.L.C.
 330 East Kilbourn Avenue
 Suite 250
 Milwaukee, WI 53202 BY

ORDER DATED	9-11-02
DA 02-2310	
FCC	
MIMEOGRAPH NO.	

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

Postage	\$.39
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Name (Please Print Clearly) (to be completed by mailer)

Cumulus Media L.L.C.

Street, Apt. No., or PO Box No.

330 East Kilbourn Avenue Suite 250

City, State, ZIP+4

Milwaukee, WI 53202

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 3464